



Dear Applicant,

Great Lakes Adult and Teen Challenge is a one-year residential faith-based Christian discipleship program for men and women with life controlling issues.

Great Lakes Adult and Teen Challenge program is based upon biblical principles designed to teach self-discipline. The daily schedule begins at 6 am and ends at 10 pm, with class in the morning and work therapy in the afternoon. Students are not able to hold outside employment while in the program.

Independent studies conducted on students two years post-graduation have shown that 76% of the individuals who complete the program remain free from addiction.

We accept court ordered students who are willing to work and have a sincere desire to change. Students unwilling to change or adhere to the rules will not be allowed to continue.

The non-refundable application fee of \$995.00 is due on or **before** induction into the program along with the completed physical examination form and blood work. Because of the risk of spreading diseases like TB and Hepatitis A, B, and C, all blood work must be completed and the report faxed before you can be admitted into the program.

God Bless you and we are praying for your success as you step out and trust God to help.

Sincerely,

A handwritten signature in black ink that reads "Jennifer Harper".

Jennifer Harper
Associate Director,
Programs and Services

A handwritten signature in black ink that reads "Jim Wacholz".

Jim Wacholz
Program Director,
Men's Center of Hope

A handwritten signature in black ink that reads "Courtney Thyron".

Courtney Thyron
Program Director,
Robby Dawson Home for Women

Application Packet

Welcome to Great Lakes Adult and Teen Challenge!

Some forms are "read only" and contain information about the program that you will want to keep for future reference.

1. **Student Application:** Complete and return to Great Lakes Adult and Teen Challenge – Admissions.
2. **Student Medical Exams and History Questionnaire:** Be sure to have the Medical History and Examination Form filled out by the attending physician when you take your physical and have the required lab tests for tuberculosis, HIV and Hepatitis. Complete and return to Great Lakes Adult and Teen Challenge. Because of the risk of spreading diseases like TB and Hepatitis A, B, and C, all blood work must be completed before acceptance and the report faxed to:
MEN 414-210-2917
WOMEN 414-930-0246
3. **Financial Requirements:** Please read this form for an explanation of the financial costs for a one-year residential program and fill in the amount you are able to pay. The \$995 application fee is non-refundable.
4. **Student Sponsorship List:** Please identify individuals, businesses, churches, etc. who you think may be willing to become a financial sponsor helping to defray the costs of your stay in the program, we request you provide 3-6 sponsors.
5. **Interview:** Interviews may be done by phone or in person at the center by appointment.
6. **Useful Information:** Is a list of personal property you may bring with you when entering the program and our Student Communication Policy.
7. **Identification:** Bring with you a social security card, driver's license, birth certificate, or other proof of identification.

Student Application Form - Confidential

	Intake	Program Dir.
Approval Date:	_____	_____
Initials:	_____	_____

Personal Information

Name: _____ SSN: _____
First
Middle
Last

Address _____ City _____ State _____ Zip _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Gender at Birth: Male Female Date of Birth: _____ Age: _____ Height: _____ Weight: _____

State of Legal Residency: _____ County: _____

Driver License Yes No Expired Suspended Driver License No. _____

Have you ever had a moving violation or ticket? Yes No

I currently live with: Spouse Fiancé Girlfriend/Boyfriend Parents

Other Family Member: _____ Lock up Facility: _____ Other: _____

Indicate below the way in which you were referred to Adult and Teen Challenge? Parents Relative Friend

Pastor Church National ATC Office Website Social Media Radio Flyer/Bookmark Advertisement

Therapist/Counselor Social Worker/Case Manager Attorney/Public Defender Other: _____

Contact information (name and phone) if referred by an individual _____

In Case of Emergency Please Notify:

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Race/Ethnic Background

White African American Native American Asian Hispanic

Other: _____ Are you an American citizen? Yes No

Please identify your nationality if other than an American Citizen: _____

Marital Status: Single Engaged Married Separated Divorced Remarried Widowed

Name of Spouse _____ Phone: _____

Address _____ City _____ State _____ Zip _____

If divorced, name of former spouse: _____

Reason for Breakup: _____

Do you have any children? Yes No

Name	Birthday	Age	Sex

Are you court ordered to pay child support? Yes No

Do you owe Child support? Yes No

Are your parents married? Yes No

Do they abuse drugs or alcohol? Yes No

Are you close to your parents? Yes No Please Explain: _____

Do you have any siblings? Yes No If yes, please list

Name	Birthday	Age	Sex	Do they abuse drugs/alcohol?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever engaged in homosexual activity? Yes No

Military History

Branch of military you've served Army Marines Coast Guard Air Force Reserves Navy

Date of Entry ____/____/____ Date of Discharge ____/____/____ Rank _____

Discharge Received Honorable less than Honorable Dishonorable Medical

Are you eligible for V.A. Medical Benefits? Yes No

Legal History

Do you need court approval to enter this program? Yes No

Are you currently or will you be under legal supervision? Yes No

Are you legally mandated to participate in a drug recovery program? Yes No

If yes, by whom? Court Parole Board Other (explain): _____

Method of Reporting Phone Letter In Person Other (explain): _____

How often do you report? _____ Time remaining for reporting: _____

Probation Officer: _____

Name	Phone Number

Address	City	State	Zip

Attorney: _____

Name	Phone Number

Address	City	State	Zip

Are any of the following items pending against you? Arrest Warrant Court Appearance Criminal Charges
 Sentencing Other (explain): _____

Do you have any unpaid court costs or fines? Yes No

Have you ever been convicted of a sexual offense? Yes No

Are you required to register as a sex offender? Yes No

Have you been in a county jail, correctional institution or state prison? Yes No

If yes, please list: Date Institution

List any arrests and convictions.

Date	Arrest/Charges Sentence/Time Served

Financial Information:

Are you receiving:

Welfare Unemployment Disability Workman's comp Food Stamps Social Security

Do you have an income? Yes No Amount in Savings: _____ Checking: _____

In what way can you personally contribute financially to the ministry of Adult and Teen Challenge?

One-time payment of: \$ _____ Monthly payments of: \$ _____

Academic History

Ability to Read Yes No Poor Average Above Average

Ability to Write Yes No Poor Average Above Average

Check appropriate box or boxes: Graduated from High School GED Attended College AA degree

BA degree Vocational Training Vocational Training Certificate Other: _____

Occupational History

Check the boxes that indicate your work experience: Auto Mechanics Auto Body Carpentry Child Care

Culinary Skills Computer/Data Entry Education Electrical Office/Clerical Farming

General Construction General Maintenance Health Care House Keeping Landscape Logging Painting

Plumbing Retail Phone Solicitation Gardening Other Work Experience: _____

Present Employment Status Unemployed Employed Part-Time Employed Full-Time

Do you have or have you ever experienced a physical ailment, injury or handicap that would prevent you from performing manual work-related tasks while enrolled in Great Lakes Adult and Teen Challenge Program?

Yes No If yes, please explain: _____

Spiritual Background

Are you a member of a church or religion? Yes No Church name and city: _____

Church denomination (please choose one)

- Assemblies of God
- Baptist
- Catholic
- Evangelical Covenant
- Evangelical Free
- Jewish
- Lutheran
- Methodist
- Muslim
- Pentecostal
- Presbyterian
- Other: _____

Personal Walk with God

I have accepted Jesus Christ as my Savior: Yes No Date: _____

I have been baptized in water: Yes No Date: _____

I have been filled with the Holy Spirit: Yes No Date: _____

I attend church: Often Occasionally Seldom Never

I read the Bible: Often Occasionally Seldom

I pray: Often Occasionally Seldom

Describe God in your own words: _____

Describe how you believe God feels when he sees you: _____

What is your current spiritual condition?

What would you like God to do specifically for you?

Recovery

Reason(s) for seeking entry into Adult and Teen Challenge at this time:

- I want to check by doing things God’s way
- I want to change my lifestyle
- I want to avoid arrest
- I want to restore my family
- I want to be self-supporting
- I don’t want to be controlled by addiction
- I am pleasing my family
- I have no other options
- I am ordered by the courts
- Other: _____

I want to enter Adult and Teen Challenge’s 12-15 month program because:

I feel the main issues I need to work on are:

Once I graduate the program, my goals in life are to:

I, _____, understand and acknowledge that the information provided herein is accurate and true to the best of my knowledge. I further understand that any false or incomplete information may cause and result in disqualification from admittance or dismissal from the program.

Applicant's Signature

Date

In the event this application was filled out by another, please identify the reason why the applicant was unable to complete this for themselves and sign below.

Authorized Signature

Date

Notice, it is hereby understood that Adult and Teen Challenge of Wisconsin will not be held responsible for any personal property left, lost or stolen while in the Great Lakes Adult and Teen Challenge (GLATC) program. I agree that any property or money left at GLATC over 14 days from my departure date, voluntarily or not, announced or unannounced becomes the property of GLATC. It is further understood that there is a \$995 induction fee which is payable upon entry into the program and is **non-refundable**. I also understand that if I am dismissed from GLATC or decide to leave the program I must leave within 24 hours. If I become belligerent, abusive, uncooperative, or threatening I must leave the facility immediately. It is important that medical, dental, business and legal needs be taken care of before entering the GLATC program. If you have such needs that cannot be taken care of before entering GLATC please call the center and explain your situation.

Applicant's Signature

Date

Medical History Questionnaire

Personal Information

Name: _____

First Middle Last

Male Female DOB: ____/____/____ Height: ____ feet ____ inches Blood type: _____

Current Physician: _____

Name Phone Number

Address City State Zip

Great Lakes Adult and Teen Challenge Centers are committed to helping students become physically, mentally and spiritually whole. We are not, however, a medical program. We will endeavor to assist you in securing whatever medical help we can while you are in the program. If you become ill or need medical attention once you are in the program we will assist in connecting you with a medical facility. You are responsible for any fees that accrue in connection with your visit to or treatment from any medical facility. We do not financially assist students in meeting their medical bills.

Health Insurance: Yes No Will you have insurance while in the program? Yes No

Insurance Company: _____

Name Phone Number Policy Number

Address City State Zip

Do you collect disability payments? Yes No

Personal Medical History

Do you need any ongoing medical treatment or physical therapy while enrolled in Adult and Teen Challenge?

Yes No If Yes, please explain: _____

Are you experiencing or have you experienced an injury or illness that affects your ability to participate in?

Manual Work Experience Yes No Recreational Activities or Exercise Yes No

If yes to any of the above, please explain _____

Check if you have:

- | | | | |
|--|--|---------------------------------------|--|
| <input type="checkbox"/> Chronic Backaches | <input type="checkbox"/> Loss of Sight | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Syphilis |
| <input type="checkbox"/> Chronic Headaches | <input type="checkbox"/> Loss of Hearing | <input type="checkbox"/> Black Stools | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Chronic Cough | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Kidney Stone | <input type="checkbox"/> Sinus Trouble |
| <input type="checkbox"/> Chronic Fatigue | <input type="checkbox"/> Heart Burn | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Chlamydia |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Acid Reflux | <input type="checkbox"/> Dizziness | <input type="checkbox"/> AIDS |
| <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Blackouts | <input type="checkbox"/> Gonorrhea |
| <input type="checkbox"/> Hemorrhoids | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Double Vision | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Ulcers | <input type="checkbox"/> Herpes |
| <input type="checkbox"/> Blurred Vision | <input type="checkbox"/> Seizures | <input type="checkbox"/> Jaundice | |

Are you experiencing:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Poor Appetite | <input type="checkbox"/> Frequent Indigestion | <input type="checkbox"/> Severe Itching | <input type="checkbox"/> Weight Gain |
| <input type="checkbox"/> Frequent Diarrhea | <input type="checkbox"/> Frequent Constipation | <input type="checkbox"/> Problems Urinating | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Frequent Urination | <input type="checkbox"/> Bladder Infections | <input type="checkbox"/> Problems Sleeping | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Blood in Urine | <input type="checkbox"/> Coughing Blood | <input type="checkbox"/> Panic Attacks | <input type="checkbox"/> Nervous Breakdown |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Vomiting Blood | <input type="checkbox"/> Intestinal Parasites | |
| <input type="checkbox"/> Nausea | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Weight Loss | |

Have you had:

- | | | | | |
|---|--|--------------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Measles | <input type="checkbox"/> Cancer | <input type="checkbox"/> Covid-19 |
| <input type="checkbox"/> Typhoid Fever | <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Head Injury | <input type="checkbox"/> Small Pox | |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Mumps | <input type="checkbox"/> Anemia | |

If you have had a head injury where you lost consciousness or were admitted to a hospital for evaluation, please give the date and explain the nature of your injury, any medical treatment you received, and any difficulties that resulted from the injury in the space below. (memory loss, lack of concentration, headaches, vision problems etc.)

Have you been treated for or diagnosed with:

- | | | | |
|---|--|---|-----------------------------------|
| <input type="checkbox"/> Schizophrenia | <input type="checkbox"/> Suicidal Thoughts | <input type="checkbox"/> Homicidal Thoughts | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Multiple Personalities | <input type="checkbox"/> Hallucinations | <input type="checkbox"/> ADD | <input type="checkbox"/> Paranoia |
| <input type="checkbox"/> Hearing Voices | <input type="checkbox"/> Flashbacks | <input type="checkbox"/> ADHD | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Suicide Attempts | <input type="checkbox"/> Nervous Condition | <input type="checkbox"/> PTSD | |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Bipolar | | |

Are you currently taking any medications for the conditions listed previously? Yes No

Please list medications you are currently taking:

Name	Dosage	Frequency

Please list any food allergies: _____

Please list any special diet restrictions or requirements? _____

Date of your last dental exam: ___/___/___ Condition of your teeth Excellent Good Fair Poor

Please describe any problems that you are experiencing with your teeth: _____

How many packs of cigarettes do you smoke per day? _____ Do you use chewing tobacco? Yes No

Have you ever received mental health treatment **not** related to drug or alcohol use? Yes No

Name of Clinic _____ Date: ___/___/___

Reason for Mental Health Treatment: _____

Are you willing to authorize release of information from the above clinics to GLATC? Yes No

Have you experienced an eating disorder such as anorexia or bulimia? Yes No

Substance Abuse and Treatment History

Have you ever been in a treatment program before? Yes No

Do you currently have any relatives in our program? Yes No

List the treatment programs you have been in before the Adult and Teen Challenge Program:

Program Name	City/State	Date of Entry	Program Length	Completed?	Why you left?

Have you ever been in the Adult and Teen Challenge Program before? Yes No

If yes, Dates: _____ Program Name: _____ Location: _____

Why did you leave? Graduated Dismissed by Staff I left on my own Other

If other or dismissed by staff, please explain: _____

Please use this chart to describe your use of alcohol and drugs

*How often taken please use: O = Once, ST = Several Times, R = Regularly, C = Continuous

ALL DRUG TYPES USED: Include street drugs, alcohol, illegal prescriptions, over the counter, and other drugs	CURRENTLY USING		Prescribed BY A PHYSICIAN		AGE WHEN FIRST USED	AGE WHEN LAST USED	HOW OFTEN TAKEN*	USUAL METHOD OF ADMINISTRATION				
	YES	NO	YES	NO				Oral	Smoke	Snort	IM	IV
Alcohol												
Amphetamines/speed (Uppers Benzedrine, Dexedrine, etc.)												
Barbiturates/downers												
Chew - Tobacco												
Cocaine/crank/crack												
Codeine												
Hallucinogens (LSD, Acid, Mescaline, etc.)												
Heroin/Opiates												
Inhalants (Glue, Paint, Gasoline, etc.)												
Marijuana/K2												
Methadone - non-legal												
PCP (Angel Dust, etc.)												
Tobacco - smoking												
Other (specify): _____												

The undersigned fully acknowledges that the information provided herein is accurate and true to the best of his or her knowledge. Any false or incomplete information may cause and result in disqualification from admittance or dismissal from the program.

Applicant's Signature

Date

If this application form has been completed or filled out by anyone, other than the student applicant, please provide the following:

Authorized Signature

Date

Financial Requirements

The staff at Adult and Teen Challenge are here to help you find freedom from life controlling problems. Throughout the Bible we see Jesus offering forgiveness and hope to those seeking help. He greatly desired to see people have successful, healthy lives.

At Adult and Teen Challenge, we want to provide you with a comfortable environment that meets your basic needs. In order to keep our program costs low, we need your support.

The costs for our program are approximately \$2,000 per month per person. This is only a small fraction of other similar program costs.

We require each student to help us raise part of these costs. Some of the costs are raised through student work therapy programs like our SuperThrift Store, Vehicle Donation Program, or Garden Center. We believe having students raise part of their recovery program fees aids in their recovery journey by making them become more responsible. We also like to ask family and friends of each student for help.

The following is a list of approximate monthly costs. **There is a \$995 mandatory, nonrefundable induction fee for admission regardless of the length of time a student is in the program.** A **mandatory \$5 fee** for drug testing will be charged every time students have a pass or appointment. Any student receiving government support of any kind such as SSI or SSD will be required to pay 75% per month to Great Lakes Adult and Teen Challenge.

Please mark **ONE** of the following options below that you or someone you know could help contribute to the program:

\$400/mo.	Operating & Tuition Fee	Laundry, Meals, Materials, and Books
\$750/mo.	Program Fee	Daily Programming, Staffing, and Curriculum
\$850/mo.	Room & Board Fee	Residents receive a room in our dorm

**Please note these amounts do not include outside doctor/counseling costs. **

To help raise support for your recovery, please provide **3-6 sponsors** on the Family, Friends, and Church Sponsorship Sheet and sign the form below.

Contact information for individual responsible for paying fees above on the day of student's admission.

Legal Guardian/Sponsor: _____ Phone: _____
First Last

Address _____ City _____ State _____ Zip _____

Applicant's Signature _____

_____ Date

Family, Friends, and Church Sponsorship Sheet

A student is required to pay a **mandatory, one-time induction fee**. However, every student is asked to provide 3-6 names and phone numbers to anyone who can help provide for some of the program cost for his/her stay here. **Please fill in all of the information per sponsor.**

Name: _____ Phone: _____

Address _____ City _____ State _____ Zip _____

Email Address: _____

Name: _____ Phone: _____

Address _____ City _____ State _____ Zip _____

Email Address: _____

Name: _____ Phone: _____

Address _____ City _____ State _____ Zip _____

Email Address: _____

Name: _____ Phone: _____

Address _____ City _____ State _____ Zip _____

Email Address: _____

Name: _____ Phone: _____

Address _____ City _____ State _____ Zip _____

Email Address: _____

I, _____ (student name), hereby allow Great Lakes Adult and Teen Challenge to contact the above individuals on my behalf in order to obtain sponsorship funding to help with the cost of my stay in the program. I understand that Great Lakes Adult and Teen Challenge will only inform the above individuals that I am in fact currently a student in the program, and will not give out any confidential information in regards to my treatment or prognosis.

Applicant's Signature

Date

What to Bring List for New Students

**Limit of two suitcases*

MEN'S LIST

Dress pants (1-2)	Work boots	Bible
Sweatshirts/sweatpants	Coat and boots/winter gear	Notebook/paper/pencils/pens
Khakis (3)	Socks/Underwear	Driver's License/State ID
Long sleeve white dress shirt	Pajamas/Robe	Envelopes and Stamps
Dress shoes	Shaving kit	Mesh laundry bag
Belt	Deodorant	Clear water bottle
Ties	Toothbrush/Toothpaste	
Collared shirts	Soap/Shampoo/Conditioner	

WOMEN'S LIST

Dress pants (1-2) (one black)	Socks/Underwear (no thongs)	Bible
Dress tops (to collar bone)	Pajamas/Robe	Notebook/paper/pencils/pens
Sweatshirts/sweatpants	Brush/blow dryer	Driver's License/State ID
Khakis (3)	Razors	Envelopes and Stamps
Long sleeve white dress shirt	Sanitary items	Mesh laundry bag
Ankle length black skirt	Deodorant	Clear water bottle
Dress shoes (black flats)	Toothbrush/Toothpaste	
Coat and boots/winter gear	Soap/Shampoo/Conditioner	

**Women: all clothing must be fitted modestly and have a 2" pinch. No crop top shirts, tight or form fitting clothing are permitted.*

The following items will NOT be allowed in the program:

Tobacco products/Matches/Lighters	Drugs/Alcohol
Tape/CD players/Radios/Clock Radios	Hair spray, face wash, mouthwash, etc. that contain alcohol
TVs or iPods	Cell phones
Secular Books or Magazines	Clothing with Non-Christian logos
Occult/Astrological Material	Aerosol hair spray or deodorant
Non-prescribed/Narcotic Medications	
Playing Cards/Dice/Video Games	

Do not bring valuable items. Each student is personally responsible for any personal property that he/she brings with them. Adult and Teen Challenge will not be held responsible for the protection or security of any personal possessions. Adult and Teen Challenge is not responsible for lost items. If you come with more items than what is listed, they will have to be returned immediately at your expense or donated to Adult and Teen Challenge. At no time will any student be allowed to drive their vehicle while in the Adult and Teen Challenge program and no student vehicles are to be parked at the center.

Things Potential Students Need to Know

The Adult and Teen Challenge program is based on the belief that Jesus Christ is the source of help and hope for a new life. Our primary goal is to bring the residents into a right relationship with the Lord Jesus Christ.

Before entering Adult and Teen Challenge, a potential student must be aware of the following:

- Great Lakes Adult and Teen Challenge is a 12 to 14 month residential discipleship program.
- The core of the program is class work. Therefore, a student must have basic reading and writing skills. The self-paced curriculum is Biblically based and geared towards persons with life-controlling problems.
- We provide 24-hour supervision. Students are not be allowed to come and go at will or permitted to have an outside job independent of Adult and Teen Challenge.
- The program includes strict discipline. The student will be expected to follow the rules as well as the instructions of the Adult and Teen Challenge staff.
- Students receiving income, such as **SSI, SSD, etc.**, will be required to pay 75% of their income to Adult and Teen Challenge for room and board.
- All applicants must have an interview with an Adult and Teen Challenge staff member and shall have completed **all of the forms** included in the application packet.
- A potential student **MUST** have a current form of identification before entering the program. (Driver License, State ID, and Social Security card, birth certificate, etc.)
- We do not offer licensed counseling and are not a mental health facility. Therefore, any psychiatric medications **MUST** be discontinued while the student is in the program. Narcotic medications are not allowed and must be discontinued before a student enters the program.
- If a student cannot discontinue use of psychiatric medications "on their own" prior to coming in, they **must** bring a weaning schedule from their doctor or they will not be admitted into our program.
- There is no smoking or nicotine products whatsoever while you are in the program. Nicotine tests are used at the Staff's discretion to ensure compliance with this policy.
- There is no contact with anyone of the opposite sex unless you are legally married or a family member. This means there will not be any visits, phone calls, or mail allowed during the full duration of the program. There are **no exceptions** to this policy. If you are legally married, please bring a copy of your marriage license with you to the program.

Please read the above very carefully. If you are certain you understand the level of commitment necessary to complete the program, make your decision about whether you believe the Adult and Adult and Teen Challenge program is right for you. If you understand the commitment and are prepared to make that commitment, call the center to make an appointment for an interview. Call 414-748-HELP (4357).

Student Communication Policy

Passes and Visits may be granted to students in the Adult and Teen Challenge program upon review and approval by the Staff. Passes and Visits applied for may be granted based upon student compliance with program guidelines and requirements, satisfactory performance of curriculum, appropriateness of requested destination, and student's ability to arrange and pay for transportation to and from pass destination. Adult and Teen Challenge does not provide transportation.

- Phone Calls: During Phase I (First four months of the program), students are allowed to make two ten-minute phone calls each week. During Phase II (remainder of the program), students are allowed to make four ten-minute phone calls a week. Students are unable to take incoming calls during the day. All phone calls should be made during students' free time on the nights and weekends. *No phone calls are allowed during the first 14 days of the program.*
- Mail: Students may send and receive all the mail they wish while they are in the program. *No incoming or outgoing mail is allowed during the first 14 days of the program.*
- Visit: Visitation is every Saturday from 10:00 am-2:00 pm. Requests must be submitted in advance by the student to have a visit. *No visitation allowed during the first 14 days of the program.*
- Passes: Passes on Saturdays taken between 10:00 am-2:00 pm may be requested once per month or 30 days apart. Requests must be submitted in advance by the student to have a pass. Drug testing will be administered upon return from all passes and appointments. There is a **\$5 drug test fee** due prior to leaving for the pass. *There are no passes granted in the first 30 days of the program.*
- 36 Hour Pass: This pass is granted upon the student's completion of Phase I. It may be taken either Friday-Saturday or Saturday-Sunday from 9:00 am to 9:00 pm. If pass is Saturday- Sunday, church attendance is required.
- 5 Day Pass: This pass is usually granted in either the 10th or 11th month of the program.
- Special Pass/Visit Requests: will be considered on an individual case-by-case basis and reviewed by the entire Staff. A minimum 4 hour and maximum of 48-hour pass may be applied for in the case of death or serious injury of an immediate family member (mother, father, sister, brother, child, or spouse.)
- Holiday Passes: The specific time of the passes given to students on Thanksgiving Day and Christmas Day will be determined by the staff and will be the same for all students.
- All Student Rules remain in force and effect while student is on pass. Please refer to the Student Expectations. Anyone who allows or assists students in breaking any of the rules will not be allowed future contact with the student for the duration of his or her program.
- Passes are not limited to specific weekends. They may be taken any weekend but may not be combined with a 4-hour pass or visit or any other pass.
- Travel Time will be allowed if traveling more than three hours one-way and will be added to the pass approved.
- No phone calls, mail, visitation, or passes will be granted involving anyone of the opposite sex who is not a legal spouse or family member of the student for the full duration of the program.

Great Lakes Adult and Teen Challenge

Medical History and Physical Examination Form

Name: _____

Birthdate: __/__/____

1. **Lab Work** The following is REQUIRED for admission the program. Please include copies at the time of induction:

- A. RPR: Reactive or Non-reactive (*circle one*) Date Read: __/__/____
- B. HIV Screening: Positive or Negative (*circle one*) Date Read: __/__/____
- C. Pregnancy (female students only): Positive or Negative (*circle one*)
- D. Liver function tests: Normal or Abnormal (*circle one*) Date Read: __/__/____
- E. Hepatitis Screening, if indicated, based on history or abnormal liver function test results.
Circle for each: **Hepatitis A:** Positive or Negative **Hepatitis B:** Positive or Negative
Hepatitis C: Positive or Negative

2. **TB Test** This is MANDATORY and results included should be no older than 6 months prior to admission to Adult and Teen Challenge. Tetanus shot must be up-to-date with documentation or date given.

Quantiferon Gold TB:	Date:	Size:
	Chest X-Ray	
Tetanus toxoid	Date:	

3. **Immunizations** should be up-to-date, please list date performed:

Measles: __/__/____ Mumps: __/__/____ Rubella: __/__/____

4. **Significant Medical Conditions**

	Yes	No	If Yes, please explain.
ASTHMA			
CARDIAC			
CHEMICAL DEPENDANCY			
DRUGS			
ALCOHOL			
DIABETES MELLITUS			
GASTROINTESTINAL DISORDER			
HEARING DISORDER			
HYPERTENTION			
NEUROMUSCULAR DISORDER			
ORTHYOPEDIC CONDITION			
RESPIRATORY ILLINESS			
SEIZURE DISORDER			
SKIN DISORDER			
VISION DISORDER			

5. **Current / Routine medications**

MEDICATION	DOSAGE
1.	
2.	
3.	
4.	

6. **Allergies** Please list any allergies you have to any medications, foods, or other substances.

7. **Report of Physical Examination**

	Normal	Abnormal	If Abnormal, please explain.
HEIGHT (INCHES)			
WEIGHT (POUNDS)			
TEMPERATURE			
PULSE			
BLOOD PRESSURE			
HAIR / SCALP			
SKIN			
EYES - VISUAL ACUITY (R / L /)			
EYES - COLOR VISION			
EARS HEARING (dB R L)			
NOSE AND THROAT			
TEETH AND GINGIVA			
LYMPH GLANDS			
HEART - MURMUR, ETC.			
LUNG - ADVENTIOUS FINDINGS			
ABDOMEN			
GENITALIA			
NEUROMUSCULAR SYSTEM			
EXTREMITIES			
SPINE (PRESENCE OF SCOLIOSIS)			

8. **Physician's observations and comments**

9. **General Appearance**

Name of Examiner (print)

Address

Signature of Physician

Date of Examination